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Actinomyces abscess in a patient with Wegener's granulomatosis

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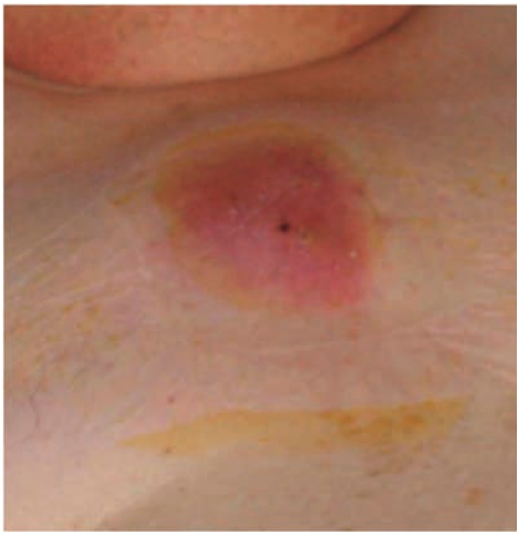

Figure 1 | Tender erythematous swelling over the chest.

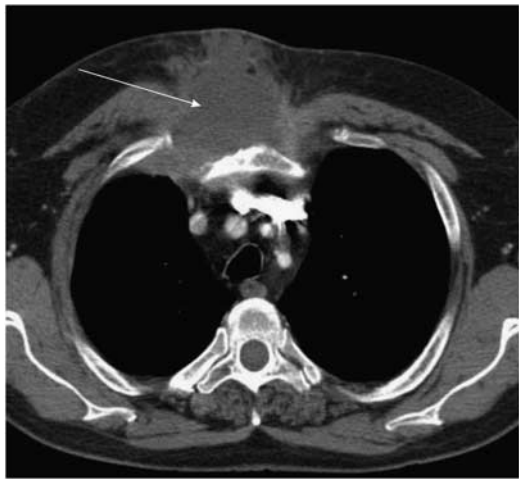

Figure 2 | Computed tomography of the thorax illustrating an infiltrating subcutaneous mass with a low-density area due to the necrotic tissues and an endo-thoracic extension.

A 67-year-old man with known Wegener's granulomatosis and stage-3 chronic kidney disease presented with asthenia and swelling of the anterior chest wall for 1 month. He was being treated with 7 mg prednisone and 150 mg azathioprine daily since October 2004. On examination, the patient was afebrile and there was a 6-cm tender, erythematous swelling noted over his chest (Figure 1). Serum C-reactive protein level was elevated ($192\,mg\,l^{-1}$), as was that of serum procalcitonin ($\geqslant 10\,\mu g\,l^{-1}$). There was no leucocytosis noted. A thoracic computed tomography scan revealed a low-density subcutaneous mass with endo-thoracic extension (Figure 2). *Actinomyces* spp. was identified in material obtained during surgical debridement. A 3-month course of amoxicillin, 3 g daily, led to clinical and radiological improvement. Azathioprine treatment was held and prednisone was continued, with no recurrence of Wegener's granulomatosis. This case underscores the predisposition to unusual infections in patients undergoing long-term immunosuppressive therapy.